

09/913353

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	6		8-29-01
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 □ Allowed I Interference  
 - (through numeral) Canceled A Appeal  
 + Restricted 0 Objected

Claim	Date
Final	Original
1	1/2
2	1/2
3	1/2
4	1/2
5	1/2
6	1/2
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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150	1/2

If more than 150 claims or 10 actions  
staple additional sheet here

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